

LFUCG SPECIAL EVENTS APPLICATION



Name/Title of Event _____

Purpose and Description of Event _____

Name of Organization/Group _____

Contact Person _____ Title _____ Phone () _____

Address _____ City/ST/Zip _____ Cell/Pager () _____

Email Address _____ Website _____

Is Organization/Group registered profit / nonprofit or charitable? (please circle)

Proposed location/route _____

Will street(s) need to be closed? ____ Name the requested street(s) and time _____

If proposed location is Robert F. Stephens Courthouse Plaza – check one: Lower Half____ Upper Half____ Both____
(Using both would require a Short Street to be closed during the event – see Guidelines / Rules)

Proposed date(s) _____ Rain Date(s) _____

Proposed hours: Setup beginning _____ a.m./p.m. Dismantle by _____ a.m./p.m.

Operating from _____ a.m./p.m. to _____ a.m./p.m.

Est. spectator attendance _____ Prev. year attendance _____ Est. number of participants _____

Number of vehicles/units/booths _____ Number of Animal Units _____

Does the Organization/Group intend to charge a fee to spectators to witness the event? Yes No (please circle)

Does the Organization/Group intend to charge any participant (food, runner, booths, float, vehicle, etc.) a fee? Yes No

If a fee is involved, identify and describe: How much? For what? etc.: _____

What does the Organization/Group intend to do with the revenue raised as a result of any fee? _____

Does the Organization/Group intend to generate: Food and Beverage sales? Souvenir and/or program sales? Other revenue as a result of: _____ Other (Explain): _____

*If alcoholic beverage(s) are proposed to be sold, indicate type, individual serving unit, and proposed unit price (e.g., 3.2% beer, 12 oz. serving @ \$0.50). **NOTE: Alcohol sales must be approved by Alcohol Beverage Control Office.**

Please circle other services needed:	clean-up	security / crowd control
	herbies	traffic control
	Fire/EMS	recycling containers

Electricity (Please Explain)_____

Other needs: _____

If proposed location is Robert F. Stephens Courthouse Plaza circle if applicable:
water wall on / off fountain on / off Short Street closed yes / no

- Application Requirements:**
- 1) **INSURANCE:** The application shall furnish a certificate of commercial general liability insurance written through a company with an A.M. Best rating of “A” or better with the minimum amount of \$1,000,000 per occurrence, listing the LFUCG as an “additional insured”. If you will be serving alcohol you will also need the liquor liability policy from each participating restaurant or vendor listing the LFUCG as an additional insured. NOTE: Acceptable Insurance Certificates must be submitted at least thirty days before the date of the event, or the event application is subject to be denied.
 - 2) **INDEMNIFICATION:** The Applicant agrees to indemnify, defend and hold harmless the Lexington Fayette Urban County Government, employees and agents, from all claims, liabilities, losses, damages, expenses, accidents and occurrences (including attorney fees) arising out of, or in connection with, the performance of this agreement, activities associated with the event or arising out of Applicant’s use of the facility, excepting however, all such claims, liabilities, losses, damages, expenses, accidents and occurrences caused by LFUCG’s sole negligence or willful misconduct.
 - 3) If you will be serving alcohol you must get a permit from the ABC Office. ****SALE OF ALCHOLIC BEVERAGES ARE PROHIBITED IN THE ROBERT F. STEPHENS COURTHOUSE PLAZA****
 - 4) If you are interested in having a parade / run / walk, be sure to include the route with this application.
 - 5) The approval process takes approx. 8 weeks. This includes: sending it to the Special Events Commission for approval, once the Commission approves the application, the application is then submitted to Risk Management as well as to the appropriate division/s for cost(s). You will be notified by mail of the approval.

Signature of Applicant	Organizational Title	Date (m/d/y)
------------------------	----------------------	--------------

Please sign and return a copy to:
Mayor’s Office
Attn: Special Events Coordinator
200 East Main Street Lexington, KY 40507
(859) 258-3100 / (859) 258-3194 fax

Date Received _____